

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Addiction Services Coordination	PROGRAM ELEMENT: Client Assessment Team
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PROGRAM MISSION:
To provide direct access to substance abuse treatment for a diverse population of adult Montgomery County residents by partnering with a wide range of criminal justice, human service, and substance abuse treatment agencies to coordinate service delivery and facilitate access to care

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families that achieve their maximum possible level of self-sufficiency
- Children and vulnerable adults who are safe
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of clients referred for substance abuse treatment who enter treatment as a result of the referral	NA	46	53	55	58
Service Quality:					
Percentage of clients referred to substance abuse treatment who begin treatment within 30 days	38	46	53	52	55
Percentage of people assessed who are identified as needing treatment ^a	NA	68	68	75	75
Efficiency:					
Average cost per client (\$)	172	175	226	206	236
Percentage of Level 1 ^b slots available in the community	60	35	30	30	30
Workload/Outputs:					
Number of clients assessed	2,783	2,867	2,550	2,850	2,850
Average utilization rate for Level 1 ^b service providers (%)	40	65	54	70	70
Inputs:					
Expenditures (\$000) ^c	478	502	576	586	^d 672
Workyears	6.5	6.5	6.5	6.5	^d 7.3

Notes:

^aHigh values for this measure indicate that program staff have done a good job educating the referral sources on whom to refer for assessment.

^bLevel 1 = outpatient substance abuse treatment.

^cExpenditures include only personnel costs.

^dInputs amended to include all relevant administrative and other staff costs for FY05.

EXPLANATION:
The Client Assessment Team provides a single point of entry for screening, determination of need, and referral to substance abuse treatment for adult residents with substance abuse disorders and related problems who do not have medical insurance. Therefore it functions as a central point of access into the publicly funded continuum of the care treatment system. Clients are referred from program partners as well as by self-referral. The program supports community-wide public health and public safety efforts by providing access to substance abuse treatment "on demand" at a reduced or affordable cost. The program primarily refers clients to outpatient substance abuse providers who are partially supported by contracts with the County. A future goal of the program will be to increase these providers' ability to retain clients in treatment and reduce their unused capacity, thus improving the efficiency of these contracts. Such an effort should also increase the percentage of clients who actually begin treatment after they are assessed as in need.

Service coordination is supported by the HATS (HIDTA [High Intensity Drug Trafficking Area] Automated Tracking System) management information system and data linkages between agencies. Pressure or persuasion from probation or social service agencies can often be effective in increasing the entry rate for treatment by adults who have low personal levels of motivation.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Correction and Rehabilitation; Department of Parole and Probation; other Department of Health and Human Services direct services programs; substance abuse treatment providers; private physical and mental health providers.

MAJOR RELATED PLANS AND GUIDELINES: Maryland Alcohol and Drug Abuse Administration, Federal High Intensity Drug Trafficking Area Initiative, Department of Parole and Probation (for Break the Cycle).

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Addiction Services Coordination

PROGRAM ELEMENT:

Contract Monitoring

PROGRAM MISSION:

To provide for the overall planning, monitoring, evaluation, and service development of the County's continuum of substance abuse treatment to foster a safe, healthy, and supportive community that strives to help persons with dependence on alcohol and other drugs

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency
- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of monitored contracts that report outcome measures with improved results	NA	NA	66	60	65
Service Quality:					
Percentage of monitored contracts using a customer satisfaction survey that show improved satisfaction	NA	NA	NA	25	50
Percentage of monitored contracts using a customer satisfaction survey	10	25	40	76	80
Efficiency:					
Average administrative cost for monitoring functions per contract (\$000)	37.8	44.6	33.3	35.4	36.3
Workload/Outputs:					
Number of contracts monitored	9	8	^a 12	12	12
Number of customers served through all monitored contracts ^b	2,578	2,705	3,077	3,000	3,000
Inputs:					
Total expenditures (\$000) ^c	NA	3,330	3,300	3,651	4,272
Expenditures for administration (\$000)	340	357	400	425	435
Workyears	4.8	4.8	4.8	4.8	4.8

Notes:
^aThe new Avery Road Combined Care Program opened in late FY03.

^bThe number of customers served does not include those served through the Dade Bearing Urine Monitoring contract.

^cTotal expenditures include funds awarded by the County, the Alcohol and Drug Abuse Administration, the Federal High Intensity Drug Trafficking Area (HIDTA) Grant, and the Federal Block Grant. These resources fund the delivery of substance abuse treatment services that are not reimbursed by insurance.

EXPLANATION:

Addiction Services Coordination (ASC) is responsible for overseeing a continuum of substance abuse treatment services for adult residents. The oversight of publicly-funded services includes outpatient, residential, case management, psychiatric, and halfway house services. ASC also interfaces and collaborates with consumers, advocates, all service areas within the Department of Health and Human Services, and other public and private providers in the County.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene; Maryland Department of Parole and Probation; Coalition for the Homeless; Housing Opportunities Commission; providers participating in the Public Mental Health System; County-funded mental health providers; Children, Youth, and Family Services; Public Health Services; Aging and Disability Services; Juvenile Assessment Center; Multicultural Center; Community Re-entry Services; Department of Correction and Rehabilitation.

MAJOR RELATED PLANS AND GUIDELINES: Maryland Alcohol and Drug Abuse Administration, Federal High Intensity Drug Trafficking Area Initiative, Department of Parole and Probation (for Break the Cycle).

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Addiction Services Coordination

PROGRAM ELEMENT:

Urine Monitoring Program

PROGRAM MISSION:

To provide for the accurate, timely, cost-effective collection of urine samples, analysis for illicit drug use, and reporting of results for residents of Montgomery County who are referred for services due to criminal justice, social service, or treatment needs

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Children and adults who are mentally and physically healthy

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of drug tests that were accurate	NA	95	100	99	99
Service Quality:					
Percentage of urine samples analyzed and results released within 24 hours	81	95	95	95	95
Percentage of urine samples analyzed and results transmitted electronically via HATS ^a within 24 hours of sample collection	NA	91	95	95	95
Efficiency:					
Average cost per sample analyzed (\$) ^b	6.80	7.23	8.16	7.82	7.26
Percentage of user agencies linked to HATS ^a for electronic reporting of urine analysis results	45	98	95	95	98
Workload/Outputs:					
Number of samples accepted for analysis	77,532	^c 74,384	^c 75,364	82,000	82,500
Number of agencies linked for electronic results	8	40	50	50	52
Inputs:					
Expenditures (\$000) ^b	527	538	615	641	^d 599
Workyears	10.0	9.8	10.0	10.0	^d 8.3

Notes:

^aHATS stands for HIDTA (High Intensity Drug Trafficking Area) Automated Tracking System.

^bExpenditures include only personnel costs. The cost of infrastructure or hardware for HATS is not included (this is federally funded), nor is the cost of chemicals and materials for assays (from multiple funding sources, including county, State, and Federal grant funds).

^cThe number of samples decreased because fewer juveniles participated, and Parole and Probation shortened the time for clients to participate in urinalysis testing. The number of samples is expected to return to a higher level in FY04.

^dThe reduction in work years and expenditures is a result of staff re-deployment.

EXPLANATION:

The Urine Monitoring Program provides Montgomery County's Department of Health and Human Services and allied agencies with a resource for obtaining low-cost testing of urine samples for drug abuse. To support community efforts to improve public health and public safety, access to such tests needs to be "on demand," and results need to be delivered in an accurate and timely manner. The program partners with a wide range of criminal justice, human service, and substance abuse treatment agencies that work with the adults, families, and youth who are served by this program.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Correction and Rehabilitation; Department of Parole and Probation; Department of Juvenile Services; Child Welfare Services; Circuit Court - Family Division; substance abuse treatment sites; Mental Health Association; community providers.

MAJOR RELATED PLANS AND GUIDELINES: Maryland Alcohol and Drug Abuse Administration State Plan, Federal High Intensity Drug Trafficking Area Initiative, Department of Parole and Probation (for Break the Cycle), Department of Juvenile Justice (for Graduated Sanctions and Break the Cycle Early).

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:		PROGRAM ELEMENT:				
Child and Adolescent Mental Health Services		Community Kids				
PROGRAM MISSION:						
To improve outcomes for young people with severe emotional disturbances within targeted communities through collaborative strategies						
COMMUNITY OUTCOMES SUPPORTED:						
<ul style="list-style-type: none">• Children and adults who are physically and mentally healthy• Stable and economically secure families• Children safe in their homes, schools, and community• Young people making smart choices						
PROGRAM MEASURES		FY01	FY02	FY03	FY04	FY05
		ACTUAL	ACTUAL	ACTUAL	BUDGET	CE REC
Outcomes/Results: ^a						
Percentage of adolescents who have reduced their use of drugs and alcohol ^b	NA	33	66	66	66	
Percentage of children who have shown improvement in emotional/behavioral symptoms in two or more domains ^c	NA	NA	100	85	85	
Percentage of caregivers who have reduced their stress level as a result of their participation in the program ^d	NA	NA	50	50	50	
Percentage of families who have achieved the goals outlined in their individual service plans	NA	NA	TBD	50	50	
Service Quality:						
Percentage of families who are satisfied with the service coordination efforts in which they have participated ^d	NA	NA	85	85	85	
Percentage of families who successfully carry out their plan of support	NA	88	TBD	75	75	
Efficiency:						
Average cost per child served (\$)°	23,098	18,347	16,261	19,953	15,753	
Workload/Outputs:						
Number of children served ^f	50	69	111	85	85	
Number of families served ^f	41	55	87	60	60	
Number of families involved in family support activities	21	46	TBD	50	50	
Inputs:						
Expenditures (\$000) ^g	1,155	1,266	1,805	1,696	1,339	
Workyears	4.0	3.0	4.0	3.0	3.1	
Notes:						
^a The FY03 results are based on the relatively small number of participants (34) for whom followup data are available. This is not a random sample, so the results are potentially subject to considerable uncertainty and/or bias and should be used with caution.						
^b As measured by the Substance Use Survey A (SUS-A, an instrument for monitoring substance abuse) and the Child Behavior Checklist (CBCL) administered to youth in the national evaluation of the program (see below).						
^c As measured by the Child Behavior Checklist (CBCL), an instrument that assesses eight domains or areas of behavior such as anxiety, delinquency, aggression, and social problems. The CBCL, which is part of a national evaluation of the program required as a condition of Federal funding, is administered as a baseline assessment, with follow-up assessments every 6 months.						
^d Parent/caregiver stress level and satisfaction with service coordination efforts are measured by two separate questionnaires. The parent/caregiver satisfaction questionnaire is administered quarterly and is used to improve future service coordination efforts. The stress level questionnaire is administered every six months.						
^e Includes direct and indirect costs. The FY03 actual expenditures were recalculated to reflect a more accurate average cost per child.						
^f Figures for the number of children served and the number of families served were recalculated based on the fiscal year rather than the term of the funding.						
^g FY05 expenditures represent a reduction of grant funds as stipulated in the terms of grant. This reduction has no negative program impact. The increased workyears for FY05 represent a staff realignment.						
EXPLANATION:						
The Community Kids program was first funded in FY00 and became operational during FY01. The program was created through a five-year Federal grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. Community Kids targets children and youth ages 5-18 (kindergarten through high school). The goal is to build a system of care for emotionally disabled children and their families. This is being accomplished by delivering wraparound services, building resource teams, community councils, pooled funding, integrated services, and family involvement. The program supports community efforts to integrate child and family service agencies into a local, family-centered, culturally competent system of care. During the five years of the grant, the Community Kids project will extend its family-centered decision-making structure and wraparound services approach to a sequence of neighborhoods by working in tandem with Montgomery County departments and other government agencies as it builds multi-agency collaborative teams including family and community members.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Collaboration Council, Montgomery County Police Department, Montgomery County Public Schools, Core Service Agency, Mental Health Association, Local Coordinating Council, Maryland Department of Juvenile Justice, Youth Service Centers, Community Ministries, Community Use of Public Facilities, Housing Opportunities Commission, Johns Hopkins University, Family Services Agency, Inc., Federation of Families, National Alliance for the Mentally Ill, SHARP Street Suspension Program, City of Gaithersburg, Upper County YMCA, Head Start Bureau, NAACP.						
MAJOR RELATED PLANS AND GUIDELINES: The Children's Agenda, Comprehensive Strategies Plan, After School Activities Plan, Early Childhood Collaborative Plan.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Child and Adolescent Mental Health Services	PROGRAM ELEMENT: Silver Spring Child and Adolescent Outpatient Mental Health Clinic				
PROGRAM MISSION: To improve the mental health of children and adolescents through individual, family, and group therapy as well as substance abuse education					
COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy • Young people making smart choices					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of clients who meet their treatment goals at the time of discharge and who successfully integrate back into the school/community	90	96	98	96	97
Percentage of clients showing improvement on GAF scores at discharge ^a	71	81	94	90	90
Service Quality:					
Percentage of parents/families who are satisfied with the services provided ^b	93.0	99.4	98.6	99.4	98.0
Efficiency:					
Average cost per psychotherapy session (\$)	194	77	113	158	177
Workload/Outputs:					
Number of new clients served	318	335	361	335	335
Number of psychotherapy sessions provided for clients who completed their treatment at the time of discharge	2,088	3,174	3,384	3,174	3,200
Number of psychiatric medication monitoring sessions provided for clients who completed their treatment at the time of discharge	463	377	^c 630	630	630
Inputs:					
Expenditures (\$000)	404	245	^d 382	^e 502	^e 565
Workyears	8.0	7.5	7.5	^e 8.0	^e 9.0
Notes:					
^a The Global Assessment of Functioning (GAF) instrument is used to assess the psychological, social, and occupational functioning of an individual on a mental health continuum.					
^b A questionnaire is given to each client at the time of discharge.					
^c Increase in medication management sessions due to severe symptomatology that clients presented at the time of admission to the Clinic.					
^d In July 2002, Maryland Health Partners stopped compensation/funding of Gray zone (uninsured) clients. In addition, the Clinic is the only provider in the County serving undocumented clients. Due to the increase in the number of undocumented and uninsured clients, revenue collection decreased in FY03.					
^e A recalculation of workyears has been completed for FY04 and FY05. A Social Worker II position was transferred in from the Linkages to Learning program to provide additional therapeutic case management services. In addition, a full time psychiatrist was transferred in for FY04 from the abolished CAFES program. However, this psychiatrist dedicates only 50% of his time to the Clinic, so only 0.5 workyears and 50% of his personnel costs are included. The remaining 0.5 workyears and personnel costs are dedicated to the Crisis Center and the Victims Assistance and Sexual Assault Program.					
EXPLANATION:					
The Child and Adolescent Mental Health Services Clinic is a county-wide outpatient mental health program located in Silver Spring that serves low-income families who are uninsured, undocumented, or who have Medical Assistance. The clinic provides individual, family, and group therapy as well as substance abuse education. The clinic also provides mental health treatment, family support services, and clinical case management at local schools and other County locations.					
The goal of the program is to assist children who are experiencing serious emotional and behavioral problems while remaining in the community whenever possible. It is commonly accepted that children tend to do better in treatment when their families can be actively involved, participating in and supporting their treatment. At the time of admission, the primary therapist formulates a number of short-term and long-term treatment goals for the client/family. At the time of discharge, these goals are reevaluated to determine how many have been achieved by the client/family. Some clients/families achieve all of their treatment goals, some achieve some of their goals, and some achieve none by the time of discharge.					
The Global Assessment of Functioning (GAF) instrument is used to assess the psychological, social, and occupational functioning of an individual on a mental health continuum. The GAF score is measured at admission and at discharge. The goal is to increase the percentage of clients showing an improvement in their functioning at home, at school, and in the community. In FY03, 94% of clients who completed their treatment and who attended/participated in at least five therapy sessions with their therapist and/or psychiatrist showed an improvement in their GAF scores. This is a significant improvement over last year's performance. During the same time period, 98% of clients met their treatment goals at the time of discharge.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Department of Juvenile Services, Substance Abuse Screening and Assessment for Children and Adolescents (SASCA), Multicultural Mental Health Program, Public Health Services, Child Welfare Services, Community Kids, Care Coordination Program, Emergency Support Services, Income Support Program, Crisis Center, Silver Spring YMCA, community hospitals, Police Department.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.21.16, 10.21.17, 10.21.20, Federal regulations for alcohol and drug abuse.					

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Jail Addiction and Community Re-Entry Services		PROGRAM ELEMENT: Clinical Assessment and Triage Services (CATS)				
PROGRAM MISSION: To reduce the length of stay at the Montgomery County Detention Center and provide appropriate care for offenders identified as having a behavioral health issue and who are eligible for diversion by placing them into community behavioral health treatment; and to assign inmates with behavioral health issues who are not eligible for diversion into the appropriate level of care at the Detention Center						
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe • Children and adults who are mentally healthy • Safe communities						
PROGRAM MEASURES		FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:						
Number of inmates with behavioral health symptoms successfully diverted into community behavioral health treatment ^a	NA	168	280	280	280	
Percentage of eligible inmates successfully diverted to community behavioral health treatment	NA	78	93	95	95	
Percentage of eligible inmates successfully diverted to the Public Mental Health System ^b	NA	57	95	95	95	
Service Quality:						
Average number of days between release from the Detention Center and entry into community mental health treatment	NA	0	3	3	3	
Efficiency:						
Cost per assessment (\$)	NA	337	321	334	390	
Workload/Outputs:						
Number of inmates assessed for behavioral health problems upon entrance	NA	1,260	1,673	1,700	1,700	
Number of inmates eligible for diversion	NA	216	302	310	325	
Number of inmates with mental health symptoms who are eligible for the Public Mental Health System ^b	NA	96	60	75	75	
Inputs:						
Expenditures (\$000)	NA	425	537	567	663	
Workyears	NA	5.3	5.3	^c 5.8	^d 6.8	
Notes:						
^a Community treatment includes substance abuse and mental health treatment agencies. However, most inmates who are diverted to community treatment are treated for substance abuse problems.						
^b The Public Mental Health System provides free or reduced cost mental health services to poor persons who are seriously and persistently mentally ill. Any mental health treatment funded by the State of Maryland (Maryland Health Partners) is considered to be part of the Public Mental Health System.						
^c Includes projected workyears assigned to this effort for FY04 and operating dollars budgeted in the Service Chief's office, but excludes budgeted salary lapse.						
^d In an effort to improve CATS' ability to monitor clients with behavioral health issues in the community, staffing changes (1.0 workyear) have been implemented for FY05.						
EXPLANATION:						
Within the Detention Center, staff from the Clinical Assessment and Triage Services (CATS) program assess inmates with behavioral health disorders. This program is designed to support the overall goals of diverting the mentally ill from a jail environment (which can exacerbate psychiatric symptoms) and helping to prevent the jail from becoming, by default, a hospital for mental illness. CATS staff identify inmates at risk of hurting themselves or others; refer inmates to Corrections Mental Health Services for housing, immediate observation, and mental health services; make referrals to the Correctional psychiatrist or the CATS psychiatrist and to the Medical Unit for medication prescription and/or medication management; clear inmates to be housed with the general population if appropriate; or divert eligible inmates to an available community resource providing a level of service appropriate to manage the treatment needs of the individual.						
Individuals who are eligible for diversion are those who are identified with a behavioral health issue, have been found to be appropriate for and willing to be placed in treatment, are charged with a misdemeanor or nonviolent felony, have a limited number of failures to appear and no other legal barriers, and can be matched with appropriate treatment agencies within the community.						
Release to community placement is based on judicial release-on-bond conditions and pre-trial services supervision. Clients are placed in community-based treatment using diagnostic criteria from the American Society of Addiction Medicine Patient Placement Criteria (if their primary problem is an addictions problem) or criteria from the Diagnostic and Statistical Manual of Mental Disorders, Edition 4 (if the problem is primarily of a mental health nature). This determination is made by the program's diagnostic staff.						
The average number of days between release from the Detention Center and entry into community treatment is based on the policy of having Community Service Aides take inmates directly from the Detention Center to the treatment center. Bed-to-bed transfer to residential treatment programs and first-time outpatient appointments are included. The FY03 increase reflects actual experience in placing inmates in both residential and outpatient treatment programs. FY04 and FY05 results are expected to be similar.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Police Department, Department of Correction and Rehabilitation, Department of Health and Human Services (HHS), HHS Core Service Agency, the Courts, substance abuse and mental health treatment providers, Public Defender Service, State's Attorney's Office, private attorneys.						
MAJOR RELATED PLANS AND GUIDELINES: Code of Maryland (COMAR) for Addictions and Mental Health Services; American Society of Addiction Medicine Placement Criteria 2 Guidelines - Patient Placement Criteria (PPC-IIR); the Diagnostic and Statistical Manual for Mental Disorders, Version 4; Federal confidentiality regulations.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Jail Addiction and Community Re-Entry Services		PROGRAM ELEMENT: Community Re-Entry Services			
PROGRAM MISSION: To reduce the rate at which inmates with behavioral health issues who are re-entering the community return to the Montgomery County Detention Center by providing assessment, case management, and referral services					
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe • Children and adults who are physically and mentally healthy					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Number of inmates served who are connected with behavioral health care upon release ^a	NA	152	163	158	158
Percentage of inmates served who are connected to behavioral health services in the community ^b	NA	48	50	50	50
Number of inmates served who are connected with the Public Mental Health System ^c	NA	13	11	30	30
Percentage of inmates served who are connected with the Public Mental Health System ^c	NA	28	35	40	40
Number of inmates served who are connected to housing upon release	NA	152	163	163	165
Percentage of homeless inmates who are connected to housing at release ^d	NA	28	53	50	52
Number of inmates served who refuse treatment at release	NA	70	33	35	35
Service Quality:					
Percentage of inmates served who re-enter the Montgomery County Detention Center ^e	NA	16	39	35	35
Efficiency:					
Cost per inmate served (\$)	NA	948	923	918	1,006
Workload/Outputs:					
Number of inmates with addictions served	NA	343	333	350	350
Number of inmates with mental illness served	NA	48	139	140	140
Inputs:					
Expenditures (\$000)	NA	370.8	435.8	450.0	¹ 493.0
Workyears	NA	5.3	5.3	5.3	¹ 5.3
Notes:					
^a Inmates included are those who receive treatment in the Jail Addiction Services (JAS), Crisis Intervention Unit (CIU), and Moral Reconation Therapy (MRT) programs who are discharged to community-based treatment.					
^b Includes inmates housed in the JAS Unit, as well as some inmates housed in the CIU and the MRT Unit. "Connected" means directly admitted to a treatment slot.					
^c The Public Mental Health System provides free or reduced cost mental health services to poor persons who are seriously and persistently mentally ill. Any mental health treatment funded by the State of Maryland (Maryland Health Partners) is considered to be part of the Public Mental Health System. "Connected" means admitted directly to a treatment slot.					
^d Inmates identified as homeless are those incarcerated individuals who have been documented as homeless by self report or who have become homeless as a result of their incarceration. Inmates identified as homeless can enter a shelter or residential treatment bed directly from the Montgomery County Detention Center. "Connected" means admitted directly to a treatment or shelter bed.					
^e Includes inmates who participated in the JAS program during FY02 and who were re-arrested in FY02. As of FY03, includes inmates who have participated in JAS or the CIU and who are rearrested in the same fiscal year. The percentage increased in FY03 because the measure began to include data for both units.					
¹ Includes operating funds budgeted in the Service Chief's Office. Does not include a full-time Community Service Aide III position that is budgeted in the Core Service Agency.					
EXPLANATION:					
Community Re-Entry staff coordinate diversion before sentencing by providing a recommended diversion plan to the judge. Staff also arrange for diversion after sentencing by going back to the trial judge for a modification of the sentence. The purpose is to connect to treatment those offenders who suffer behavioral health disorders and who participate in structured treatment within the Detention Center and/or, in some cases, transition from the Department of Correction and Rehabilitation after serving a period of incarceration.					
Criminal justice supervision combined with participation in treatment helps ex-offenders remain crime free and symptom free longer. Court sentences that mandate treatment are instrumental in motivating offenders to engage in treatment upon release. Participation in community-based treatment shortly after release from the Montgomery County Detention Center lengthens time in treatment, reduces the odds of recidivism, protects the community, and reduces the chances of individuals with behavioral health disorders from ending up in other institutions.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police Department, Department of Correction and Rehabilitation, judges in the Court System, Department of Parole and Probation, Public Defender System.					
MAJOR RELATED PLANS AND GUIDELINES: Mental Hygiene Administration, Alcohol and Drug Abuse Administration, American Society of Addiction Medicine Placement Criteria 2 Guidelines, HIDTA (High Intensity Drug Trafficking Area) Break the Cycle.					

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Jail Addiction and Community Re-Entry Services		PROGRAM ELEMENT: Jail Addiction Services (JAS)			
PROGRAM ELEMENT MISSION: To provide an intensive ten-week jail-based residential addiction treatment program for alcohol and/or drug addicted inmates at the Montgomery County Detention Center (MCDC) in order to (1) reduce harm to individuals, families, and the community, and (2) increase the ability of individuals and families to be self-sufficient					
COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy • Individuals and families achieving their maximum possible level of self-sufficiency					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of clients successfully discharged from treatment	76	78	78	78	78
Percentage of clients readmitted	21	18	20	18	18
Service Quality:					
Number of successful JAS clients who were re-incarcerated in the MCDC within 6 months	^a NA	16	40	16	16
Efficiency:					
Average cost per client assessed (\$) ^b	975	968	867	827	875
Average cost per client treated (\$) ^b	2,112	1,462	1,978	1,569	1,659
Workload/Outputs:					
Number of clients assessed	405	432	513	550	550
Number of clients treated	^e 187	286	225	290	290
Inputs:					
Expenditures (\$000) ^c	395	418	^d 445	^f 456	481
Workyears	5.0	5.0	^d 6.3	^f 6.3	6.3
Notes: ^a Data collection began in January 2002. ^b Includes only funds for treatment in the Department of Health and Human Services budget. Does not include housing, food, and other related costs which are provided by the Department of Correction and Rehabilitation. ^c Expenditures include operating expenses budgeted in the Service Chief's Office. ^d Expenditures and workyears include additional staff and increased capacity for the JAS program in the new Detention Center that opened in FY03. ^e The FY01 count does not include clients carried over (still in treatment) from the previous fiscal year. ^f Includes projected workyears assigned to this effort for FY04, but excludes salary lapse.					
EXPLANATION: Criminal justice and addiction research indicates that combining criminal justice supervision and addiction treatment in a program of graduated sanctions controls an offender's behavior in the community so that an effective amount of treatment can be delivered. Individuals who stay in treatment the longest are those who are involved with the criminal justice system. A two-year outcome study of the Jail Addiction Services (JAS) program in Montgomery County proved the effectiveness of this strategy. Participation in JAS reduced the probability of re-offending by 45%. Participation in community-based treatment after JAS, which lengthens the time in treatment, reduced the odds of recidivism by over 75%. In FY03, a higher number of inmates than originally projected was assessed for treatment as a result of opening the new Clarksburg facility. Assessments are projected to continue to increase in FY04 and level off during FY05. Despite the increase in number of assessments, the number of clients treated in FY03 decreased from FY02. Several factors affected the decrease. Some inmates did not stay at least one month, which is a requirement in order to be counted by the State's Automated Client System which defines admissions for this program; and a full-time Therapist II position was vacant for the last quarter of FY03. The number of clients treated is expected to recover in FY04. Additionally, re-incarceration rates were higher than anticipated as a result of staff vacancies that could not be filled due to a hiring freeze. The reincarceration rate is expected to return to its FY02 level of 16% with a full complement of staff in FY04.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Correction and Rehabilitation, Criminal Justice System, out-of-state long-term residential treatment programs.					
MAJOR RELATED PLANS AND GUIDELINES: Maryland Alcohol and Drug Abuse Administration.					

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Mental Health Services for Seniors and Persons with Disabilities		PROGRAM ELEMENT: Senior Outreach Program				
PROGRAM MISSION: To improve the mental health of seniors with mental health needs who will not or cannot access traditional office-based services						
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and adults who are physically and mentally healthy• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency						
PROGRAM MEASURES		FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:						
Percentage of clients showing improvement on therapist rating scale ^a		NA	NA	71	70	70
Percentage of clients accepting treatment ^b		NA	70	78	75	75
Service Quality:						
Average length of time between referral and first outreach home visit (working days)		NA	12	10	12	10
Efficiency:						
Average cost per client served (\$)		NA	1,052	1,083	1,073	1,130
Workload/Outputs:						
Number of referrals		NA	134	119	150	150
Number of clients seen		NA	129	119	135	135
Number of home visits		NA	1,375	829	840	840
Number of professionals trained in senior mental health issues		NA	174	339	100	100
Number of client cases receiving senior mental health consultation ^c		NA	160	157	150	150
Inputs:						
Expenditures (\$000)		304	304	299	306	322
Workyears ^d		2.0	1.9	1.9	1.9	1.9
Notes:						
^a The scale evaluates clients' progress in psychological symptoms and social functioning.						
^b Neighbors, family, and other agencies refer the elderly to this service. An initial goal and measure of success is for those referred (who often do not want or accept the service) to accept a home visit and services.						
^c In an effort to capture the total population served, this number includes both direct and indirect (consultation) services. It also reflects training about senior mental health and substance abuse issues for professionals dealing with seniors and providers of services to seniors (e.g. Health and Human Services staff, police, hospital discharge planners, psychiatric rehabilitation programs, nursing home and group home ombudsmen). Many clients' cases require more than one consultation.						
^d Workyears include oversight, clinical direction, contract monitoring, administrative support, and training.						
EXPLANATION:						
The Senior Outreach Program provides mental health services in the individual's home or a senior site to clients 60 years old and older who cannot or will not access traditional office-based services. Assessment, psychiatric evaluation, and brief treatment are provided until ongoing services can be established for the patient. The program began tracking results using the new therapist scale in FY03, and the number of clients showing improvement was higher than predicted, although there are no comparable statistics for this type of program elsewhere. The program hopes to maintain this level of success.						
The percentage of clients accepting treatment was also higher than predicted, and the FY04 goal is to maintain this number. In FY03, the number of referrals and the number of clients seen were lower than predicted. An increase is anticipated in FY04 due to additional outreach efforts, including a new flyer to advertise senior services. The number of home visits was also lower than anticipated due to staffing difficulties which were subsequently resolved.						
The program also serves seniors indirectly by providing consultation to other professionals and offering training in mental health issues regarding the elderly. In FY03, the number of professionals trained in senior mental health issues was significantly higher than the grant mandated because of anxiety about safety issues after an incident that occurred in the community.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Aging and Disability Services, Crisis Center, family members, assisted living providers, Housing Opportunities Commission resident counselors, Meals on Wheels, visitors, Police.						
MAJOR RELATED PLANS AND GUIDELINES: Maryland Department of Health and Mental Hygiene Senior Mental Outreach Services Grant.						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Multicultural Mental Health Services

PROGRAM ELEMENT:
PROGRAM MISSION:

To improve the mental health of Vietnamese and Spanish speaking immigrants by providing outpatient mental health services and psycho-education to consumers and providers regarding culturally sensitive mental health resources in the County

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES
**FY01
ACTUAL**
**FY02
ACTUAL**
**FY03
ACTUAL**
**FY04
BUDGET**
**FY05
CE REC**
Outcomes/Results:

Percentage of clients showing improvement in functioning and decreased symptoms:

- By therapist rating ^a	83	94	97	95	95
- By symptoms list ^a	96	94	86	90	90

Service Quality:

Percentage of clients receiving psychotherapy services who are satisfied with those services^b

98 99 98 95 95

Percentage of records which on first internal review exhibit satisfactory compliance using COMAR standards

89 90 90 91 90

Percentage of telephone referrals initially contacted within 3 days^c

89 92 92 92 90

Efficiency:

Percentage of clinician hours per year spent in direct services

61 62 61 63 62

Workload/Outputs:

Number of clients provided psychotherapy in the office

282 313 334 335 335

Number of psychiatric services provided in the office

1,033 1,478 1,717 1,720 1,720

Number of clients provided direct assessment/referrals at outreach sites

534 471 189 160 100

Number of customers provided telephone information

475 461 487 ^d300 360

Inputs:

Expenditures (\$000)

694 707 813 862 890

Workyears

9.1 9.1 9.6 9.5 9.0

Notes:

^aScales created by the Multicultural Program evaluate clients' progress in psychological symptoms and social functioning. The therapist scale is completed by the clinician alone, while the symptom checklist is completed by the therapist and client together. In FY01 and FY02, data were only collected at discharge for clients with planned termination; in FY03 a change was made to measure the amount of improvement 4 months after admission. This timeline collects data on more consumers but also has meant somewhat lower results.

^bA new standardized satisfaction survey was introduced in FY03 and continued to demonstrate excellent customer satisfaction.

^cState standard = 10 days.

^dIn June, 2003 the Spanish Catholic Center closed its Gaithersburg office, eliminating one assessment, referral, and treatment site for the Multicultural Program. Other sites are being explored. The number of telephone calls to the program is expected to decline as the Spanish speaking therapist on the Access Team provides a greater level of face-to-face service.

EXPLANATION:

Multicultural Mental Health Services provides assessment, psychotherapy, psychiatric services, outreach, and referral to Vietnamese and Spanish speaking immigrants with major mental health needs. By offering culturally-appropriate and accessible services to these individuals, the program enhances their mental health and functioning in the community. Results by therapist rating, ratings completed with the client, and customer satisfaction ratings all point to the success of these programs in alleviating the suffering and improving the living conditions of these vulnerable residents.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Spanish Catholic Center, TESS Center, Partner Abuse Services, Victim Assistance and Sexual Assault Program, Child Mental Health Services, School Health, Infants and Toddlers, Family Works, CASA de Maryland, Immigration Services, Manna, Addictions Services programs, Income Support Services programs, Crisis Center, Profecto Salud, Mobile Medical.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.21.20, Federal regulations for drug and alcohol abuse.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Outpatient Addiction Services	PROGRAM ELEMENT:				
PROGRAM MISSION: To provide preventive, supportive, and therapeutic services to addicted adults in order to: (1) reduce harm to individuals, families, and the community; and (2) increase the individual's and family's ability to be self-sufficient					
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe • Individuals and families achieving their maximum possible level of self-sufficiency					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of clients re-arrested during treatment	5	11	10	10	10
Percentage of clients employed at the end of treatment	26	34	38	25	25
Percentage of clients whose case was reopened within one year	19	26	6	16	15
Service Quality:					
Percentage of clients successfully discharged from treatment	10	26	29	25	25
Efficiency:					
Average cost per day per client served in treatment (\$)	27.36	31.52	38.08	42.43	49.40
Workload/Outputs:					
Number of clients screened for substance abuse problems	873	678	524	680	500
Number of clients served in treatment	459	450	489	450	450
Number of clients provided vocational rehabilitation services	155	162	305	150	175
Inputs:					
Expenditures (\$000) ^a	2,009	2,315	2,421	2,482	2,524
Workyears	25.4	24.8	24.8	24.7	24.7
Notes: ^a Includes operating expenses budgeted in the Service Chief's office.					
EXPLANATION: This program provides intensive outpatient and chemotherapeutic treatment services for self-referred clients, persons referred from the criminal justice system, homeless clients, and clients with other social necessity requirements (Child Welfare referrals). Special emphasis is placed on treating addicted women with children, the homeless, opiate addicts, and individuals with co-existing substance abuse and psychiatric disorders. The projected FY04 results show an expected reduction in the number of clients employed at the end of treatment and receiving vocational services due to the loss of funding in FY04 of the Montgomery College contract for training clients in basic computer skills and the loss of the Montgomery County Public Schools contract for GED training for clients. This funding loss is also projected to affect the number of successful cases discharged in FY04 and FY05. A new strategy has been developed to offset the loss of the contracts for vocational training in FY04. Vocational specialists have initiated outreach to clients interested in vocational services during the assessment phase of treatment. As a result, it is expected that the number of clients provided Vocational Rehabilitation Services should increase slightly in FY05. Finally, the number of clients screened for substance abuse problems in FY05 is expected to decrease as there should be a greater number of clients diverted from Outpatient Addiction Services to the Avery Road Combined Care Programs and the Substance Abuse Services for Women Program through assessment and aftercare planning at Addiction Services Coordination and the Avery Road Treatment Center.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Correction and Rehabilitation, Montgomery County Police Department, Housing Opportunities Commission, Division of Transit Services, Alcohol and Drug Abuse Administration, District Court, Circuit Court, non-profit organizations.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR 8-403.					

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Partner Abuse Services

PROGRAM ELEMENT:

Abuser Intervention Program

PROGRAM MISSION:

To increase the safety of domestic violence victims by teaching new behaviors to offenders

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of Court-referred abusers who report ceasing abuse upon completion of treatment	69	76	75	70	70
Service Quality:					
Percentage of Court-referred abusers who complete treatment	56	64	62	65	65
Efficiency:					
Average cost per Court-referred abuser receiving counseling services (\$)	486	453	688	706	711
Outputs/Workload:					
Number of Court-referred abusers receiving counseling services	712	695	646	700	650
Inputs:					
Expenditures (\$000)	323	315	^a 445	495	462
Workyears	1.5	1.5	^a 3.3	3.3	3.0

Notes:

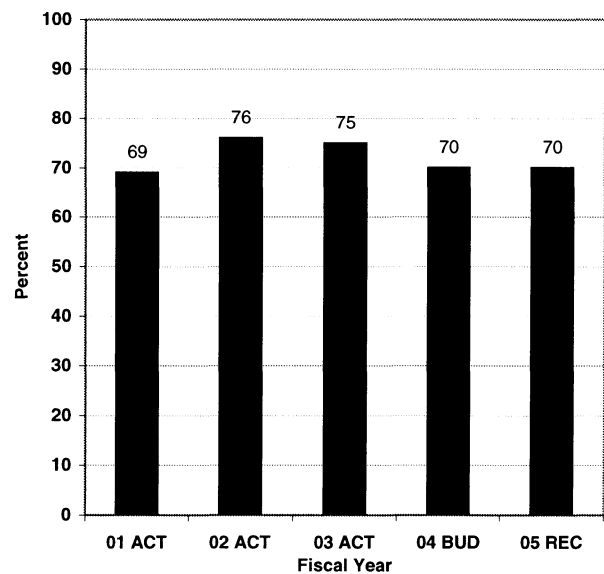
^aInputs amended to include all relevant administrative and other staff costs such as intake and Court monitoring functions, including correspondence with the Courts and appearances at Court hearings concerning Court-ordered counseling.

EXPLANATION:

In order to increase the safety of victims of domestic violence, Partner Abuse Services provides counseling, shelter, and support services to victims of partner-related physical abuse, and counseling to abusers. The program also performs a monitoring and tracking function for abusers referred for counseling by the civil and criminal justice system. About 7% of offenders served are women and about 10% of clients seen by the program are "voluntary," that is, not mandated by any court or agency. The standard abuser counseling service includes a full psychosocial assessment, case management of any relevant problems (primarily substance abuse or other mental health problems), and counseling. The counseling is almost always in a time-limited group format and addresses both attitudes towards family violence and skill deficits that can lead to partner abuse.

Based on self-reports on a standardized survey, 75% of Court-referred abusers completing the standard Abuser Intervention Program in FY03 reported no physical abuse in the previous six months. Research indicates that client self-report on this questionnaire provides a reasonable measure of their success in stopping abuse. The number of abusers who attend - and complete - counseling is partly limited by the willingness of the justice system to order and monitor compliance with offender counseling. Future program research initiatives include developing methods to help motivate clients to complete counseling, as well as tailoring interventions to key client characteristics.

**Percentage of Court-Referred Abusers
Who Report Ceasing Abuse Upon
Completing Treatment**



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police, Sheriff, State's Attorney, Department of Correction and Rehabilitation, Circuit Court, Maryland Department of Human Resources, Family Violence Council.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 7-6, 4-501, and 4-516, "Guidelines for Abuser Intervention Programs," Lt. Governor's and Attorney General's Family Violence Council, 1997.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Partner Abuse Services

PROGRAM ELEMENT:

Domestic Violence Community Education and Outreach

PROGRAM MISSION:

To increase the safety of domestic violence victims by increasing public awareness of domestic violence and of available services and interventions for addressing it

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

**FY01
ACTUAL**

**FY02
ACTUAL**

**FY03
ACTUAL**

**FY04
BUDGET**

**FY05
CE REC**

Outcomes/Results:

Percentage of professional or citizen attendees at programs reporting satisfactory knowledge of domestic violence interventions	NA	100	91	90	90
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Service Quality:

Percentage of attendees rating presentation as good or excellent	NA	100	100	95	95
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Efficiency:

Average cost per attendee (\$)	NA	129	173	176	245
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Workload/Outputs:

Number of victims attending community education groups	NA	396	319	400	250
Number of professional or citizen attendees at education programs	NA	250	260	250	150

Inputs:

Expenditures (\$000)	NA	83	100	115	^a 98
Workyears	NA	1.0	1.0	1.0	1.0

Notes:

^aReflects recommended reductions for contracted services.

EXPLANATION:

The provision and support of victim educational groups and community educational programs represent an efficient and successful method for improving individual knowledge and community awareness of domestic violence issues and interventions. These educational programs support safety action steps taken by individual client victims and increase awareness by a variety of professional and community educational groups. The principal goals of this effort include building community awareness of the problem, improving the ability of potential victims and their families to access needed legal and human services, and fostering responses to domestic violence by the community (including the criminal justice system; the legal, medical, and other human service professions; faith-based organizations; and other community groups). An evaluation survey is used to measure the extent to which citizens and professional program attendees achieve increased knowledge related to domestic violence issues and the interventions available.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police, Sheriff, State's Attorney, Department of Correction and Rehabilitation, Circuit Court, Maryland Department of Human Resources, Family Violence Council.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 7-6, 4-501, and 4-516.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Partner Abuse Services

PROGRAM ELEMENT:

Domestic Violence Shelter Services

PROGRAM MISSION:

To increase the safety of domestic violence victims by providing emergency shelter and supportive services

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of domestic violence victims who establish safer living conditions after leaving the Family Residential Shelter	79	85	75	85	75
Percentage of victim clients who have taken appropriate safety plan steps ^a	NA	NA	NA	TBD	80
Service Quality:					
Percentage of Shelter residents interviewed on termination who reported their stay "helpful" or "very helpful"	90	91	90	85	90
Efficiency:					
Average cost per family served in the Shelter (\$)	4,020	^b 8,280	6,375	5,041	6,325
Outputs:					
Number of families served in the Shelter	180	^b 106	157	200	160
Inputs:					
Expenditures (\$000)	723	^b 877	^c 1,001	1,008	1,012
Workyears	0.5	0.5	1.0	1.0	1.0

Notes:

^aThis new measure is required by the Maryland Department of Human Resources and replaces the previous, more limited measure, "percentage of victim clients who take at least one safety action step." During FY03, 60% of all shelter victim clients achieved at least one step, such as filing domestic violence protective orders or criminal charges.

^bThe cost per family sheltered increased significantly in FY02 and FY03 due to: (1) longer lengths of stay due to the difficulty of identifying appropriate post-shelter dispositions for some clients, and (2) resources that were added during the year to enhance supervision, the residential milieu, and family/child activities and counseling.

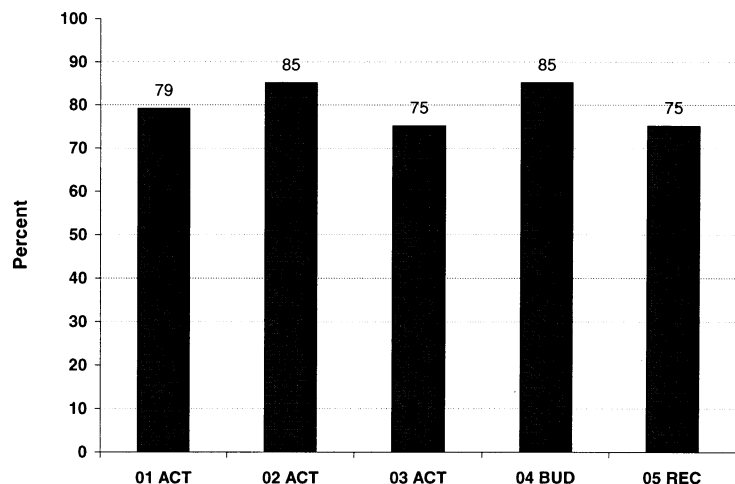
^cInputs revised to include all relevant administrative, victim assistance, and other staff costs.

EXPLANATION:

Partner Abuse Services provides counseling, shelter, and support services to victims of partner-related physical abuse and counseling to abusers in order to increase the safety of victims of domestic violence. Based on discharge plans, in FY03, 75% of the families leaving the Shelter achieved safer living conditions, and 90% of those who terminated indicated positive ratings of services received. The declines are due to a great deal of turnover in the contract provider staff and a higher than usual number of terminations with unknown dispositions. A new provider assumed responsibility for the shelter in July 2003.

Since opening in 2000, the Betty Ann Krahne Center (BAKC) has afforded the opportunity for longer stays (often necessary due to the County's continuing lack of affordable housing), but some victims in need of emergency shelter are unable to be placed in the BAKC and must be housed in other arrangements. Enhancements added to the BAKC in FY03 were intended to help the provider place more emphasis on alternative living accommodations and safety planning in order to reduce length of stays in the shelter. This provided space for an increased number of admissions for emergency cases.

Percentage of Domestic Violence Victims Who Establish Safer Living Conditions After Leaving the Family Residential Shelter



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police, Sheriff, State's Attorney, Department of Correction and Rehabilitation, Circuit Court, Maryland Department of Human Resources, Family Violence Council.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 7-6, 4-501, and 4-516.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Partner Abuse Services	PROGRAM ELEMENT: Victim Counseling and Victim Assistance Services				
PROGRAM MISSION: To increase the safety and well-being of domestic violence victims					
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of victim clients who have taken appropriate safety plan steps ^a	NA	NA	NA	NA	80
Percentage of ongoing counseling clients who demonstrate improvement in restoring autonomy from domestic violence ^b	NA	NA	49	50	50
Service Quality:					
Percentage of clients who act upon recommendation of intake worker	NA	NA	69	70	70
Efficiency:					
Average cost per client (\$)	498	558	555	657	651
Workload/Outputs:					
Number of victim assistance legal service requests	700	741	825	700	750
Number of victim counseling/case management service requests	1,125	972	999	1,000	1,000
Inputs:					
Expenditures (\$000)	908	956	1,013	1,117	1,140
Workyears	13.6	13.6	13.6	13.6	13.85
Notes: ^a This new measure is required by the Maryland Department of Human Resources and replaces the previous, more limited measure: "percentage of victim clients who take at least one safety action step." During FY03, 82% of victims served by victim assistants achieved at least one step, such as filing domestic violence protective orders or criminal charges. ^b As measured by the Domestic Violence Survivor Assessment which tracks ten dimensions of the physical, psychological, and social impact of partner abuse. All clients who receive ongoing counseling are assessed as to whether and how they move through the pre-contemplation (or consciousness raising), contemplation (or preparation), action, and maintenance stages of making changes with regard to the problem of domestic violence in their lives.					
EXPLANATION: Partner Abuse Services provides counseling, shelter, and support to victims of partner-related physical abuse and counseling to abusers in order to increase the safety and well-being of victims of domestic violence. Key to stopping domestic violence is a coordinated community response, within which the human service response plays a crucial role. The primary goal of domestic violence programs is to secure and maintain victim safety and reduce the risk of future violence. Since the cessation of violence is often not within the victim's power, intervention seeks to educate victims on available safety measures and provide them with enhanced skills in managing conflict and avoiding potential violence. Program staff work closely with justice system and other community partners to hold abuser's accountable for their behavior and maximize the safety of the victim and the family's children. Victim Counseling and Victim Assistance Services assists most clients in taking sufficient legal and other steps to establish relative safety from domestic violence. Victim assistants and volunteers from the Abused Persons Program assist victims in filing civil orders and/or criminal charges to receive legal protection from their partner's abuse. In addition, the smaller number of clients who continue in counseling have their progress measured in terms of stages of recovery of autonomy from domestic violence victimization. Most remain in counseling long enough to move at least one of four stages. The growth in requests for victim legal assistance and counseling is partially related to enhancements in Montgomery County's coordinated community response such as Abused Person Program victim assistants in some courthouse offices and the interdepartmental ALERT team which identifies high risk cases. However, limitations in program resources, and the lack of Spanish-speaking staff in particular, have limited the growth in these requests for service and in cases served.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police, Sheriff, State's Attorney, Department of Correction and Rehabilitation, Circuit Court, Maryland Department of Human Resources, Family Violence Council.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR 7-6, 4-501, and 4-516.					

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Prevention and Crisis Intervention

PROGRAM ELEMENT:

Emergency Services Housing Stabilization Grants

PROGRAM MISSION:

To prevent loss of permanent housing and homelessness

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
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Outcomes/Results:

Percentage of households remaining housed 12 months after receiving emergency services assistance ^a	NA	99	99	99	97
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Service Quality:

Percentage of customers rating their experience with Emergency Services as helpful ^b	NA	92	92	92	92
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Efficiency:

Average cost per case (excluding grants) (\$)	338	346	333	342	^e 412
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Outputs/Workload:

Total number of household cases served	5,396	5,651	6,352	5,600	6,300
Number of "Emergency Assistance to Families with Children" grants	1,515	1,567	1,774	1,650	1,800
Number of eviction prevention grants	817	927	^c 1,794	1,000	^e 1,940
Number of other emergency assistance grants ^d	1,400	1,481	1,009	1,450	1,010

Inputs:

Expenditures - total (\$000)	2,708	2,761	3,320	2,983	^e 3,859
Expenditures - administrative costs (\$000)	1,826	1,953	2,117	2,072	2,597
Workyears	26.0	26.0	26.0	26.0	^f 32.0

Notes:

^aThe percentage of clients who remain housed is measured by comparing grant recipients with those evicted in the following year as reported in records from the Office of the Sheriff and those who entered homeless services as reported by the Homeless Tracking System.

^bCustomer survey cards are distributed to a representative sample of clients receiving services.

^cFY03 statistics include all eviction prevention grants issued using Emergency Services funds. Previous years included only emergency checks requiring client pickup.

^dIncludes all grants issued that were not related to obtaining or maintaining housing, i.e., burial, utility, moving, storage, and transportation. Does not include persons issued grocery store food certificates.

^eIncludes a recommended \$350,000 increase for Emergency Services grants.

^fSix staff positions were transferred from the Regional Services Centers during FY04.

EXPLANATION:

Prevention and Crisis Intervention provides assessment, case management (including referral to community emergency assistance providers), and financial assistance to households to prevent loss of employment, eviction, and homelessness. Utilizing Federal/State Emergency Assistance to Families with Children funds and County grants, social workers can provide assistance such as payment of rent and utility arrearages, security deposits, move-in expenses, and moving and storage expenses. Stabilizing individuals in housing is cost-effective in preventing the social disruption of families associated with becoming homeless (with all the attendant consequences), and in preventing the greater expense of providing emergency shelter services.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Emergency Assistance Coalition, United Way FEMA Program, Housing Opportunities Commission, Department of Housing and Community Affairs, Sheriff's Office.

MAJOR RELATED PLANS AND GUIDELINES: Locally defined program guidelines, Local Temporary Cash Assistance (TCA) Plan.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:		PROGRAM ELEMENT:				
Prevention and Crisis Intervention		Home Energy Programs				
PROGRAM MISSION:						
To provide heat and electric assistance grants to fuel suppliers and utility companies on behalf of eligible low-income households to help make energy costs more affordable and prevent service disconnection						
COMMUNITY OUTCOMES SUPPORTED:						
• Children and vulnerable adults who are safe						
• Individuals and families achieving their maximum level of self-sufficiency						
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC	
Outcomes/Results:						
Percentage of households that may be eligible for Home Energy Assistance that actually received program benefits ^a	NA	NA	13	10		15
Percentage of households receiving benefits for which utility disconnection was prevented	52	^b 24	33	50		35
Service Quality:						
Percentage of households that completed the application process by providing all necessary documentation	94	81	87	94		90
Efficiency:						
Average administrative cost per application processed (\$)	58	78	69	102		^d 48
Workload/Outputs:						
Number of applications received and processed	4,090	3,756	4,779	4,090		^d 5,730
Number of applications approved for benefits	2,585	2,674	3,634	2,680		^d 4,010
Inputs:						
Expenditures (\$000) ^e	512	382	^c 582	^f 634		^f 680
Workyears	3.2	5.2	5.2	5.2		^d 4.2
Notes:						
^a The number of households eligible to receive program benefits is estimated by determining the number of households (by household size) in Montgomery County whose household income is at or below 150% of the Federal Poverty Level. The Maryland Department of Human Resources estimates, based on the 2000 census, that 27,280 Montgomery County households might be eligible.						
^b Warmer winter weather and low fuel costs in FY02 resulted in fewer applications and households that faced power cut-off.						
^c Beginning in FY03, expenditures include the cost of manager time spent on this program element.						
^d Funding from the Maryland Department of Human Resources for one full-time case worker position was cut in FY04. The workload continues to reflect actual intake/need; however, the reduction in staff will result in processing delays and an application backlog.						
^e Expenditures include the estimated amount for grants issued directly by the County and reimbursed by the Department of Human Resources. This amount fluctuates each year depending upon fuel cost, temperature, and the percentage of applicants receiving benefits that use wood and oil as their fuel source.						
^f Beginning in FY04, expenditures include a \$160,000 special appropriation to minimize the impact of increased County energy tax rates by providing 4,000 low-income households that qualify for the Maryland Energy Assistance Program with an average of \$40 per household toward their heating costs.						
EXPLANATION:						
The Home Energy Assistance Program helps enable low-income households to meet their electricity and heating costs. Reducing the high cost of home energy helps prevent utility disconnections. The Federal Department of Health and Human Services makes grants to states. Maryland grants are administered by the Department of Human Resources. The Department of Human Resources contracts with local agencies to operate the Maryland Energy Assistance Program which disburses the Federal grants. The Electrical Universal Services Program is a State program funded through the collection of fees from residential, industrial, and commercial electric customers. Both programs provide assistance to households whose income is at or below 150% of the Federal Poverty Level and who are responsible for their heating and/or utility costs.						
Lump sum grants are issued on behalf of a household once per year after processing mail-in applications. Households may be denied if they either fail to meet the eligibility criteria or fail to provide requested documentation to determine their eligibility. County staff conduct outreach efforts to make more eligible households aware of the program. They also work with applicants to assist with application completion and documentation to reduce the number of denials due to failure to submit eligibility verification.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Human Resources, non-profit community service organizations, utility service suppliers.						
MAJOR RELATED PLANS AND GUIDELINES: Code of Maryland Regulations (COMAR) 07.06.06 (Maryland Energy Assistance Program).						

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Rental Assistance

PROGRAM ELEMENT:
PROGRAM MISSION:

To enable low-income households, the elderly, and the disabled on fixed incomes to maintain rental housing

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of renter households whose income is below 50% of area median income that received program benefits ^a	NA	NA	4.2	4.2	4.2
Service Quality:					
Percentage of households that completed the application process by providing all necessary documentation	88	82	76	90	^d 80
Efficiency:					
Average administrative cost per application processed (\$)	100	83	91	102	110
Workload/Outputs:					
Number of applications received and processed	2,697	3,018	2,858	3,020	3,000
Number of applications approved for benefits ^c	1,976	2,093	1,798	2,100	1,800
Inputs:					
Expenditures - total (\$000) ^b	3,908	3,824	3,678	3,766	3,788
Expenditures - administrative costs (\$000)	271	249	259	307	329
Workyears ^b	4.7	4.7	4.7	4.7	4.7

Notes:

^aBased on 2000 Census data from the Montgomery County Department of Park and Planning, it is estimated that approximately 37% (37,410) of Montgomery County's 101,221 rental households have an income below 50% of the area median income (\$35,797). An average of 1,553 households received Rental Assistance Program benefits each month in FY03.

^bIncludes 0.2 workyear for a program manager budgeted in Transitional Housing. Workyears and expenditures do not include projected lapse for vacant positions.

^cIncludes all applications approved for benefits, including those placed on a waiting list due to unavailability of funds.

^dThis measure is projected to remain lower in FY05 because the current level of funding for benefits has made it necessary to maintain an applicant waiting list.

EXPLANATION:

The Rental Assistance Program helps low-income households and the elderly and disabled on fixed incomes, who spend a disproportionate amount of their income on rent, to maintain rental units appropriate to their needs. Reducing the monthly rent burden for low-income households helps keep families out of substandard housing and helps to prevent eviction and homelessness. Monthly monetary assistance is provided to eligible households of at least two members and to persons who are at least 62 years old or disabled. Eligibility is limited to households with assets of less than \$10,000 and income below 50% of the area median income and a rent burden of more than 25% to 35% of their gross monthly household income as determined by household size. Applications are accepted by mail. Households are denied if they either fail to meet the eligibility criteria or fail to provide requested documentation to determine their eligibility. County staff conduct outreach efforts to make more eligible renters aware of the program. They also work with applicants to assist with application completion and documentation requirements to reduce the number of denials due to failure to submit eligibility verification.

The decrease in the percentage of households completing the application process in FY03 is probably due to a decrease in the availability of benefit funds, which resulted in an applicant waiting list. If applicants know that they are not likely to receive an immediate benefit when approved, they are less likely to complete the application process. The decrease in the number of approved benefits is a result of a decrease in FY03 funding for benefits and a hiring freeze which resulted in fewer staff hours available to process applications.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Montgomery County Department of Finance, Department of Housing and Community Affairs, City of Rockville Housing Authority, private nonprofit housing programs for special populations.

MAJOR RELATED PLANS AND GUIDELINES: Montgomery County Code, Chapter 41A, Rental Assistance; Executive Regulation 24-99AM, Requirements for the Rental Assistance Program.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Shelter Services (Homeless Services)

PROGRAM ELEMENT:

Shelter Services for Families with Children and for Single Adults

PROGRAM MISSION:

To improve housing stability for homeless adults and families

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of homeless single adults placed in more stable housing after leaving emergency shelter	45	56	46	55	50
Percentage of homeless single adults placed in transitional shelters who graduate to independent housing	NA	49	57	50	55
Percentage of homeless families who move to more stable housing after leaving emergency shelter ^a	59	53	61	60	60
Service Quality:					
Average length of stay in emergency shelter for single adults (days)	32	37	30	35	35
Average length of stay in transitional shelter for single adults (days)	NA	204	199	200	200
Average length of stay in emergency shelter for families (days) ^a	102	^e 87	^e 92	90	80
Efficiency:					
Average cost per individual served (\$)	1,536	1,453	^b 1,825	1,629	1,792
Average cost per family served (\$)	8,663	^e 9,344	^e 10,640	4,635	6,786
Workload/Outputs:					
Number of single adults served in emergency shelter	196	212	^b 1,368	1,600	1,300
Number of single adults served in transitional shelter ^c	287	273	292	315	300
Number of families served in emergency shelter ^a	95	^e 90	^e 86	200	140
Inputs:					
Expenditures (\$000)					
Single adults	301	308	^d 2,496	2,607	2,330
Families	823	841	^a 915	927	950
Workyears					
Single adults	1.0	1.0	^d 2.25	2.25	2.25
Families	1.0	1.0	^d 2.25	2.25	2.25

Notes:
^aIncludes only families served in shelters and excludes motel overflow.

^bBeginning in FY03, this measure includes all programs that shelter single adults. Pre-FY03 data represents only the Community Based Shelter program, whereas FY03 and later years include the Men's Emergency Shelter, Sophia House, and Rainbow House, as well as the transitional shelters Bethesda House, Carroll House, Chase Mens' Shelter, Dorothy Day Place, and Watkins Mill House.

^cIndividuals in transitional shelters have also received services in an emergency shelter.

^dBeginning in FY03, inputs include all relevant administrative and personnel costs to support these programs. However, they do not include the cost of placing clients in motels when they cannot be placed in the shelter system.

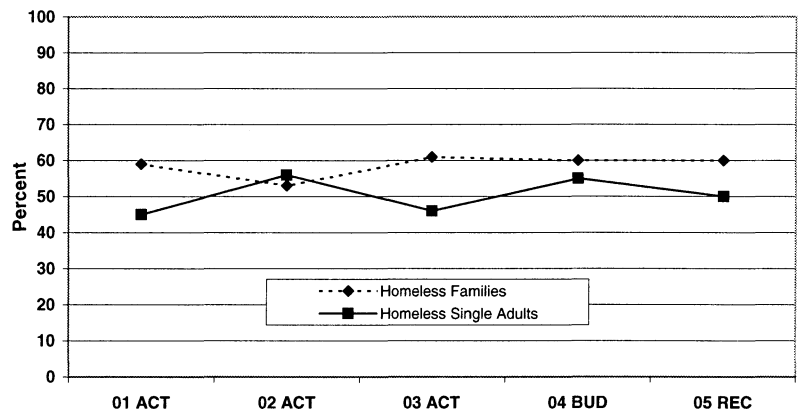
^eFY02 and FY03 data were revised to reflect the correction of a reporting error in the Homeless Tracking database.

EXPLANATION:

Shelter Services provides shelter, case management, and support services to homeless individuals and families in order to ensure stable housing. Research suggests that to increase the likelihood that a homeless individual will become self-sufficient, a mix of housing and services is needed. To address the problem of homelessness, it is necessary to target services to subpopulations such as those with serious mental illness, chronic substance abuse, or both. Furthermore, interventions are most likely to be effective if they are based on data specific to cultural and ethnic subgroups and if they address barriers that prevent different groups from moving through the system. Research conducted on the chronically homeless suggests that without interventions dealing with the underlying issues that led to homelessness, the length of time single adults remain in emergency shelter increases. Barriers to interventions with the chronically homeless include the difficulty of engagement and treatment compliance for those living on the streets for long periods of time.

FY05 targets are based upon FY03 actuals and experience in the first quarter of FY04, when more efficient new family shelter programming was adopted.

Percentage of Shelter Residents Who Move to More Stable Housing



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Police, Department of Housing and Community Affairs, Montgomery County Public Schools, Child Support Enforcement, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, City of Gaithersburg, City of Rockville, local shelters, faith community.

MAJOR RELATED PLANS AND GUIDELINES: COMAR (7-6, 4-501, and 4-516).

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: System Planning and Management		PROGRAM ELEMENT: Core Service Agency Contract Monitoring			
PROGRAM MISSION: To improve the well-being and self-sufficiency of children and adults with significant mental illness by ensuring that they receive appropriate treatment					
COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are mentally healthy • Children and vulnerable adults who are safe • Individuals and families achieving their maximum level of self-sufficiency					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of monitored contracts that report outcome measures with improved results ^a	NA	35	75	100	100
Percentage of monitored contracts using a customer satisfaction survey that show improved satisfaction ^a	NA	35	80	80	80
Service Quality:					
Percentage of monitored contracts with outcome measures on the population served ^a	29	82	100	100	100
Percentage of monitored contracts using a customer satisfaction survey ^a	21	71	75	80	80
Efficiency:					
Average administrative cost for monitoring functions per contract (\$)	NA	3,000	3,162	4,108	^d 5,946
Workload/Outputs:					
Number of contracts monitored	37	38	37	37	37
Number of customers served through all monitored contracts	NA	3,186	^b 16,626	16,700	16,900
Inputs:					
Total expenditures (\$000) ^c	5,962	4,985	5,218	5,650	5,723
Expenditures for contract administration (\$000)	NA	114	117	152	220
Contract monitor workyears	1.5	1.5	1.5	1.5	^d 2.0
Notes: ^a Excludes seven contracts that primarily provide commodity based one-time services associated with mental health support services. ^b Includes an unduplicated count of 12,682 customers served in Outpatient Mental Health Clinics and a duplicated count of 3,944 customers served in multiple grant funded mental health services. ^c Expenditures include funds awarded by the County, the State Community Mental Health Grant, the Federal Mental Health Block Grant, and the Projects for Assistance in Transition from Homelessness (PATH) Grant for the provision of mental health services not reimbursable in the Public Mental Health System. ^d Workyears for contract monitoring have been increased due to increased monitoring requirements (fiscal, audit, programmatic) for contractual services as required by the Mental Hygiene Administration.					
EXPLANATION: The Core Service Agency (CSA) serves as the mental health authority responsible for the overall planning, monitoring, evaluation, and service development of the Public Mental Health System (PMHS) in Montgomery County. The overall goal is to create an environment where children and adults with mental health needs are recognized as an integral part of the community with access to treatment services that promote mental wellness and recovery. The CSA does not provide direct services but works to ensure that clinically appropriate services are available for mental health consumers and families. The Core Service Agency includes: - System Planning and Management which is responsible for promoting quality standards, best practices, compliance with State and local regulations, provider relations, access to mental health services, and management of the provision of specialty mental health services. - Direct Service Providers which include the Montgomery County Department of Health and Human Services Access Team, Safety Net Mental Health Services, and Crisis Center Services, as well as private sector mental health agencies. The services provided include outpatient, residential, case management, psychiatric, and rehabilitative services. - Contract Monitoring: since some mental health services are not reimbursable in the fee-for-service Public Mental Health System, the CSA monitors 37 grant funded contracts to ensure the availability of services needed by mentally ill consumers. Thirty contracts provide direct mental health related services including vocational computer training, rental subsidized housing, therapeutic nursery services, mental health evaluation and treatment at the Noyes Detention Center, homeless outreach and shelter services, transition support for consumers coming out of the criminal justice system, treatment and housing support for young adults, a consumer drop-in center, administrative support for outpatient mental health clinics, residential support for head injured consumers, and general case management services. Seven of these contracts do not report the kinds of outcomes reported here because they provide one-time commodity-related services, including consumer special needs, pharmacy and laboratory services, rapid evaluation services (e.g. court reporting), transportation, and youth suicide hotline services. Outcomes relevant to these services include the percentage of consumers that obtain permanent/independent housing, participate in training and or employment activities, become employed, experience a reduction in negative symptoms, etc.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: The Mental Hygiene Administration in Maryland's Department of Health and Mental Hygiene, Mental Health Advisory Committee, Collaboration Council, National Alliance for the Mentally Ill in Montgomery County, Commission on Aging, Coalition for the Homeless, Housing Opportunities Commission, Department of Housing and Urban Development, providers participating in the Public Mental Health System, County-funded mental health providers. County government partners that incorporate behavioral services include Mental Health Services, Addiction Services, Aging and Disability Services, the Juvenile Assessment Center, and the Department of Correction and Rehabilitation.					
MAJOR RELATED PLANS AND GUIDELINES: FY04 and FY05 Core Service Agency Plan/Budget, Maryland Department of Health and Mental Hygiene Annual State Mental Health Plan, Community Mental Health Grant, Federal Mental Health Block Grant, PATH (Projects for Assistance in Transition from Homelessness) Grant, Maryland Health Partners Provider Manual.					

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: System Planning and Management	PROGRAM ELEMENT: Mental Health Access Team				
PROGRAM MISSION: To improve the mental health of Montgomery County residents by helping them to access needed outpatient mental health services					
COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy • Individuals and families that achieve their maximum level of self-sufficiency					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of clients eligible for the Public Mental Health System ^a (PMHS) who are linked with an appointment with a provider	NA	NA	61	62	65
Percentage of uninsured clients who are determined to be eligible for the PMHS	NA	NA	32	35	35
Percentage of residents with commercial insurance who were assisted in accessing outpatient mental health services within their policies	NA	NA	100	98	98
Service Quality:					
Percentage of referral sources who are satisfied with program services ^b	NA	NA	NA	85	85
Efficiency:					
Average cost per client contact (\$)	NA	NA	111	113	113
Workload/Outputs:					
Number of clients referred to the PMHS	NA	NA	2,298	2,300	2,300
Number of clients with commercial insurance who were assisted	NA	NA	120	200	200
Number of uninsured clients assisted with entitlements	NA	NA	820	700	700
Number of clients assisted with MedBank application ^c	NA	NA	330	330	330
Total calls received (referrals, questions, information)	NA	NA	5,868	6,000	6,000
Inputs:					
Expenditures (\$000)	75	302	454	678	680
Workyears ^d	1.0	4.5	8.5	8.5	8.5
Notes:					
^a Clients are eligible for the Public Mental Health System if they meet the clinical necessity criteria (that is, severity and type of psychiatric symptoms) and either financial or priority population criteria.					
^b Referral sources consist of users of the service such as consumers, agencies, programs, or institutions who call into the Access Team requesting assistance with outpatient mental health services. The planned satisfaction survey was deemed unreliable because it was believed that consumers would link satisfaction with the Access Team to available resources. A new survey for consumers and providers is planned for FY04.					
^c MedBank is a State-funded program that assists low income consumers in accessing free medications through Pharmaceutical Assistance programs.					
^d In FY02, two and one-half therapist positions and a community service aide were added to the complement, and four more staff positions were added in FY03. However, through FY03 the full complement of positions had not yet been filled.					
EXPLANATION:					
The Mental Health Access Team works to improve the mental health of Montgomery County residents by helping them to access outpatient mental health services and by identifying patterns, trends, and gaps in access for outpatient mental health services. The size of the team and its mission have expanded to include assisting internal and external partners and Montgomery County consumers of all ages in obtaining/accessing outpatient mental health services. This includes inquiring about the consumer's clinical issues, needs, and income eligibility.					
Consumers with commercial insurance are assisted in accessing outpatient mental health services available within their policies, while those without private medical insurance are linked to the Public Mental Health System (PMHS) or helped to locate appropriate community mental health or other social service organizations to address their problems. Access Team staff members support and assist with the Safety Net services located at the Crisis Center by providing on-site assessment, PMHS eligibility assessments, and referrals. Consumers eligible for outpatient mental health services in the Public Mental Health System are linked with providers at a convenient location for the consumer. Access Team members also assist underinsured consumers in determining eligibility for financial entitlements and for pharmacy benefits.					
As the mission of the program was redefined in 2003, a commitment was made to collect data on all noted measures. The percentage of clients assisted that became eligible for the PMHS in FY03 was lower than expected. The ineligible clients were either over the income limit or did not respond to follow-up calls. The percentage of clients eligible for the PMHS who were linked with an appointment with a provider was lower than expected in FY03 due to the larger number of clients who chose not to participate in the PMHS and those who chose not to keep appointments.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Providers participating in the Public Mental Health System; Montgomery County Public Schools; Children, Youth and Family Services; Public Health Services; Aging and Disability Services; Emergency Services; Income Support Services.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations for Outpatient Mental Health 10.21.20, Federal regulations for drug and alcohol abuse, Maryland Health Partners Provider Manual.					

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

24-Hour Crisis Center

PROGRAM ELEMENT:

Assertive Community Treatment (ACT) Team

PROGRAM MISSION:

To increase the self-sufficiency of the seriously and persistently mentally ill for whom conventional outpatient treatment and inpatient hospitalization have not been effective

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of clients who require any psychiatric hospitalization	16	5	10	10	10
Percentage of clients in stable living arrangements	74	83	77	80	80
Percentage of clients who are arrested by the police	5	2	2	5	5
Percentage of clients who are medically stabilized	92	98	92	95	95
Service Quality:					
Percentage of clients who remain engaged in ACT treatment	79	77	89	90	90
Efficiency:					
Average annual cost per client served (\$)	15,321	12,789	14,686	15,057	15,843
Outputs/Workload:					
Number of clients served	56	76	70	70	70
Inputs:					
Expenditures (\$000)	858	972	1,028	1,054	1,109
Workyears	11.0	11.0	11.3	11.3	11.3

Notes:
EXPLANATION:

The purpose of the ACT Team is to provide community based, multi-disciplinary mental health services to the seriously and persistently mentally ill population for whom conventional outpatient treatment and inpatient hospitalization have not been successful. The outcome measures monitored focus on some of the characteristics that indicate increased levels of functioning from a holistic perspective: accepting shelter or moving into independent housing instead of living on the streets, avoidance of arrests, and meeting basic medical needs. The continued low arrest rate is a particular success since it is much lower than expected for or previously experienced by this difficult-to-serve population. Research shows that due to the severity of mental illness experienced by those patients who are typically served by ACT teams, improvements in specific indicators may not be seen for a year or more after engaging with the team.

Although episodic hospitalization is required for some patients, this is not necessarily an indication that they are becoming less stable. The ability to get a patient into the hospital to prevent a serious problem is part of the process of changing the course of their illness. The ACT Team has been successful in shifting patient treatment out of emergency rooms to ongoing outpatient treatment and case management.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery General Hospital, Washington Adventist Hospital, Shady Grove Adventist Hospital, Holy Cross Hospital, Suburban Hospital, Charter Potomac Ridge Hospital; community residences; Coalition for the Homeless; Mental Health Association of Montgomery County; Progress Place; Community Clinic; Community Ministries of Rockville; Community Ministry of Montgomery County; Montgomery County Police Department; Springfield Hospital Center.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.21.16.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: 24-Hour Crisis Center	PROGRAM ELEMENT: Crisis Services				
PROGRAM MISSION: To provide 24 hour, 7 day-per-week phone, walk-in, and mobile crisis services to the residents of Montgomery County to stabilize individuals in situational, emotional, or mental health crisis					
COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy • Children and vulnerable adults who are safe					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of individuals in crisis who are stabilized without the need for further referral ^a	NA	NA	NA	TBD	TBD
Percentage of Mobile Crisis Team (MCT) clients stabilized in the community ^a	NA	NA	NA	90	90
Percentage of patients in Triage and Evaluation beds who are successfully stabilized	91	93	94	90	90
Service Quality:					
Percentage of clients for whom emergency petitions are written that ultimately result in commitment to a psychiatric facility ^b	NA	NA	NA	90	90
Percentage of clients rating customer service as better than expected	NA	NA	NA	95	95
Percentage of MCT clients rating their experience as positive	NA	NA	NA	95	95
Percentage of patients in Triage and Evaluation beds not re-admitted within the year	86	85	NA	85	85
Efficiency:					
Average cost per individual served by telephone (\$) ^b	NA	NA	NA	TBD	TBD
Average cost per individual served by the Mobile Crisis Team (\$) ^b	NA	NA	NA	190	190
Average cost per patient served in a Triage and Evaluation bed (\$)	871	692	1,138	807	805
Workload/Outputs:					
Number of individuals served though phone calls ^a	NA	NA	NA	TBD	TBD
Number of individuals served through walk-in services ^a	NA	NA	NA	5,500	5,500
Number of individuals served in Critical Incident Stress Management ^b	NA	NA	NA	1,000	1,000
Number of individuals provided with outpatient Psychiatric Stabilization Services ^b	NA	NA	NA	540	540
Number of individuals stabilized by the Mobile Crisis Team ^a	NA	NA	NA	375	375
Number of patients served in Triage and Evaluation beds	163	200	158	220	220
Inputs:					
Expenditures (\$000)	2,220	2,472	2,766	2,782	2,837
Workyears	30.9	33.9	33.6	33.6	33.6
Notes:					
^a Stabilized means that the mental health needs of the client are addressed and the client is not a risk to him/herself or others. Those who are stabilized during a phone intervention require no additional follow-up. At this time, the Crisis Center is developing a risk assessment instrument to document the basis for the stabilization assessment.					
^b Telephone results are not available since there was no computer program to collect the data. A new phone system capable of collecting the relevant data has been installed, but the reporting capability is not yet functional. It is possible that the new system will allow reporting for FY04.					
EXPLANATION:					
The Crisis Center responds to a range of crisis situations with an array of strategies including crisis telephone services, walk-in services, and the Mobile Crisis Team. Psychiatric Stabilization Services allow mentally ill individuals immediate access to evaluation, medication, and monitoring until they can access the Public Mental Health System. The Mobile Crisis Team (MCT) provides emergency mental health services to individuals at any location in the community to stabilize the situation with the least restrictive method possible.					
The Crisis Center also provides Critical Incident Stress Management (CISM) which offers groups who have experienced a traumatic incident a forum in which to discuss their reactions, be educated about the signs and symptoms of stress, and learn how to connect with additional services if necessary. The purpose of CISM is to assure that individuals recover optimally and avoid problems such as post traumatic stress disorder, anxiety, or depression. Incidents that may require CISM include train accidents, murders, suicides, or terrorist activities. The CISM response may be provided at the site of a traumatic situation and may include working with family members and on-lookers. In addition, the Crisis Center provides the mental health component for the CISM Team of Montgomery County's Fire and Rescue Service. In this role, mental health services are provided jointly with a Fire-Rescue peer who has also been trained. The types of incidents that warrant such services include line-of-duty death and unsuccessful pediatric resuscitation.					
The Crisis Center played a significant community role during the recent sniper incident in the Washington region. In terms of direct services, it provided assistance to the community in several ways. The public was told, by the media, to contact or come into the Crisis Center to get assistance with coping for themselves or their children. As the incidents multiplied, the workload increased by 50%. This increase included numerous community outreaches to provide crisis mental health services to family members and co-workers of the victims, as well as others in the community who were traumatized. The telephone volume went up to nearly 7,000 for the month of October 2002. During this time, the media became interested in how people and their children were coping with the significant stress, and in crisis mental health services per se. The Crisis Center staff were interviewed 20 times by local, national, and international news media. This provided a means to communicate to the community how to cope and what services are available. The Crisis Center also consulted with several organizations, such as the Montgomery County Public Schools.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Mental Health Association of Montgomery County, Springfield Hospital Center, Montgomery General Hospital, Washington Adventist Hospital, Shady Grove Adventist Hospital, Holy Cross Hospital, Suburban Hospital, Charter Potomac Ridge Hospital, community residences, Coalition for the Homeless, Progress Place, Community Clinic, Community Ministries of Rockville, Community Ministry of Montgomery County, Montgomery County Police Department, community-based outpatient mental health clinics, other Department of Health and Human Services programs: Mental Health Assessment Center, Abused Persons Program, Victims Assistance and Sexual Assault Program, and Addiction Services Coordination.					
MAJOR RELATED PLANS AND GUIDELINES: Mental Health Strategic Plan.					

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Victims Assistance and Sexual Assault Services

PROGRAM ELEMENT:

Adult Crime Victim Counseling Services

PROGRAM MISSION:

To provide a comprehensive array of services to victims of sexual assault and other crimes to assist them in overcoming trauma and maintaining safety

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of adult victims of crime receiving counseling services that show a decrease in symptoms ^a	89	79	83	85	84
Service Quality:					
Percentage of appointment cancellations	12.9	14.5	15.0	13.0	14.0
Percentage of client appointment "no shows"	6.3	6.3	6.0	6.0	6.0
Efficiency:					
Average cost per ongoing adult crime victim case (\$)	529	619	559	616	655
Workload/Outputs:					
Number of new adult crime victim cases	485	550	584	490	500
Total number of adult crime victim cases	1,469	1,453	1,710	1,470	1,500
Inputs:					
Expenditures (\$000)	777	^b 899	955	906	982
Workyears	9.0	9.0	9.0	9.0	9.5

Notes:

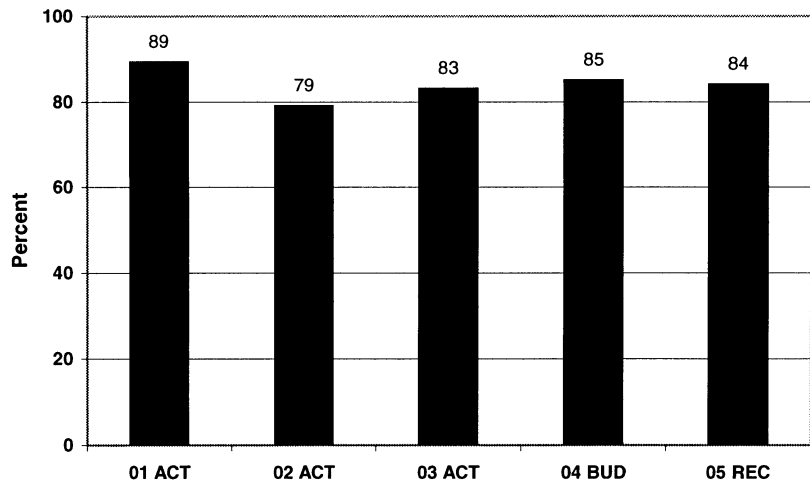
^aAs reported by the client using the Post Traumatic Stress Disorder Checklist.

^bExpenditures include additional grant-funded administrative support beginning in FY02.

EXPLANATION:

The Victim Assistance and Sexual Assault Program (VASAP) provides services which include ongoing counseling and victim assistance for adult victims of rape and general crime. Crime victims benefit from services that assist them in understanding and using the criminal justice system and resolving the trauma caused by the violence they have experienced. Many victims experience longer term emotional and behavioral distress which ongoing counseling alleviates by providing a supportive setting in which to resolve grief and anger caused by victimization, to develop an appropriate sense of the meaning of the experience, and to learn new skills to maintain safety. Individuals receiving VASAP group and individual counseling in addition to victim assistance services report a reduction in this distress.

Percentage of Adult Crime Victims Receiving Counseling Reporting Reduction in Symptoms



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Montgomery County Police, Maryland-National Capital Park and Planning Commission Park Police, State's Attorney's Office, Abused Persons Program, Public Health/STD Clinic, Montgomery County Public Schools, School Health Services, Circuit and District Courts, hospitals, Maryland Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.02, Article 88A, Social Services Administration, Section 130; COMAR 10.12.02.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Victims Assistance and Sexual Assault Services	PROGRAM ELEMENT: Child and Adolescent Crime Victim Counseling Services				
PROGRAM MISSION: To provide counseling services to assist child and adolescent victims of sexual assault and other crimes in overcoming trauma and maintaining safety					
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and adults who are physically and mentally healthy• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
<u>Outcomes/Results:</u>					
Percentage of child crime victims counseled that show a decrease in symptoms ^a	NA	NA	71.2	50.0	50.0
<u>Service Quality:</u>					
Percentage of appointments canceled	NA	NA	11.0	17.0	17.0
Percentage of client appointment "no shows"	NA	NA	5.0	6.0	6.0
<u>Efficiency:</u>					
Average cost per ongoing child crime victim case (\$)	589	1,013	798	636	818
<u>Workload/Outputs:</u>					
Number of new child crime victim cases	227	194	216	220	200
Total number of child crime victim cases	772	507	684	770	650
<u>Inputs:</u>					
Expenditures (\$000)	455	514	546	489	532
Workyears	5.5	5.5	5.5	5.5	5.5
<u>Notes:</u> ^a Data are collected by the child's completion of the Traumatic Events Scale.					
EXPLANATION: The Victim Assistance and Sexual Assault Program (VASAP) provides services that include ongoing counseling and victim assistance for child and adolescent victims of rape and general crime. Children and adolescent crime victims and their families benefit from services that assist them in understanding and using the criminal justice system and resolving the trauma caused by the violence they have experienced. Children and their families are offered a variety of interventions such as play therapy, individual and family counseling, as well as psycho-educational groups in a supportive setting to help them resolve grief and anger caused by victimization, to develop an appropriate sense of the meaning of the experience, and to learn new skills to maintain safety. Crime victims receiving VASAP group and individual counseling in addition to victim assistance services report a reduction in distress.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Montgomery County Police, Maryland-National Capital Park and Planning Commission Park Police, State's Attorney's Office, Abused Persons Program, Public Health/STD Clinic, Montgomery County Public Schools, School Health Services, Circuit and District Courts, hospitals, Maryland Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.02, Article 88A, Social Services Administration, Section 130; COMAR 10.12.02.					

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM:

Victims Assistance and Sexual Assault Services

PROGRAM ELEMENT:

Community Education, Outreach, and Prevention

PROGRAM MISSION:

To increase the safety of Montgomery County residents by increasing public awareness of sexual assault and general crime, and of the available services and interventions for addressing them, with primary emphasis on children and adolescents, and disabled and Spanish-speaking women

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
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Outcomes/Results:

Percentage of presentation participants reporting satisfactory knowledge of prevention ^a	NA	93	94	95	95
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Service Quality:

Percentage of participants rating presentation as good or excellent	NA	87	88	85	88
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Efficiency:

Average cost per presentation (\$)	132	163	^b 279	258	236
Average cost per participant (\$)	3.71	5.46	^b 9.11	7.32	8.01

Workload/Outputs:

Number of presentations	355	338	349	360	^c 220
Number of participants	12,654	10,073	10,695	12,700	^c 6,490

Inputs:

Expenditures (\$000)	47	55	^b 97	93	^c 52
Workyears	0.6	0.6	0.6	0.6	0.6

Notes:

^aAs reported on the Sexual Assault Myths and Facts test.

^bCommunity Outreach contract included beginning in FY03.

^cFunding reduced due to loss of Federal grant for federal fiscal year 04. Also includes a reduction of County funds for contracted services in FY05.

EXPLANATION:

The Victim Assistance and Sexual Assault Program (VASAP) provides comprehensive services to sexual assault and general crime victims. A primary function of a rape crisis/general crime victim community education, outreach, and prevention program is to educate the public on sexual assault myths and facts as well as general crime prevention. While such education is available to all community members, VASAP has targeted specific populations as high priorities. Children and especially adolescents are often at risk for sexual assault or exploitation and are in need of information about how to protect themselves. In addition, disabled women and Spanish-speaking women have been identified by VASAP as being underserved and in need of special outreach by community educators.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Montgomery County Police, Maryland-National Capital Park and Planning Commission Park Police, State's Attorney's Office, Abused Persons Program, Public Health/STD Clinic, Montgomery County Public Schools, School Health Services, Circuit and District Courts, hospitals, Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.02, Article 88A, Social Services Administration, Section 130; COMAR 10.12.02.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

PROGRAM: Victims Assistance and Sexual Assault Services	PROGRAM ELEMENT: Victim Assistance Services				
PROGRAM MISSION: To restore victims of sexual assault and other crimes to their pre-crime level of functioning by providing assistance in understanding and using the criminal justice system and in mitigating the financial impact of losses due to crime					
COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy • Individuals and families achieving their maximum level of self-sufficiency					
PROGRAM MEASURES	FY01 ACTUAL	FY02 ACTUAL	FY03 ACTUAL	FY04 BUDGET	FY05 CE REC
Outcomes/Results:					
Percentage of victims of crime receiving victim assistance services that report receiving effective/valuable services ^a	NA	NA	92	75	75
Percentage of crime victim losses mitigated by the County's Compensation Fund	NA	19	25	20	20
Service Quality:					
Percentage of victims of crime receiving victim assistance services that report being satisfied with those services ^a	NA	NA	100	75	75
Efficiency:					
Average cost per crime victim receiving victim assistance services (\$)	NA	389	470	430	531
Workload/Outputs:					
Number of crime victims that received victim services	NA	942	830	950	900
Crime Victim Compensation Fund cases	84	82	102	80	80
Inputs:					
Program expenditures (\$000)	NA	366	390	410	478
County Victim Compensation Fund expenditures (\$000)	NA	82	90	78	78
Workyears	NA	4.0	4.0	4.0	4.0
Notes: ^a As reported by the victim using the Victim Assistance Evaluation form.					
EXPLANATION: The Victim Assistance and Sexual Assault Program (VASAP) provides a comprehensive array of services which include ongoing counseling and victim assistance for victims of rape and general crime. Crime victims receive help in understanding and using the criminal justice system and in resolving the trauma caused by the violence they have experienced. When victims are witnesses for the State, "Victim Assistants" can accompany the victim through the Court process. In consultation with the State's Attorney's Office, Victim Assistants can advocate for cases to be moved, when appropriate, from District to Circuit Court - thus assuring a more serious penalty for a convicted felon. Victims with lower income can receive financial assistance through the County's Victim Compensation Fund and/or through the State's Criminal Injuries Compensation Board. Compensation can pay related medical bills, property repair, lost wages, and funeral expenses - thus mitigating the profound financial impact of the crime. However, these funds cover only a small portion of the concrete damages crime victims incur.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Montgomery County Police, Maryland-National Capital Park and Planning Commission Park Police, State's Attorney's Office, Abused Persons Program, Public Health/STD Clinic, Montgomery County Public Schools, School Health Services, Circuit and District Courts, hospitals, Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.12.02; 07.06.02 Article 88A, Social Services Administration, Section 130.					